

PROPERTY RECEIPT <input type="checkbox"/> LOST AND FOUND <input checked="" type="checkbox"/> FOR INVESTIGATION <input type="checkbox"/> PERSONAL PROPERTY FOR SAFEKEEPING <input type="checkbox"/> EVIDENCE	FROM WHOM TAKEN The Highway	AGE	SEX	No 3308339	
	ADDRESS 700 E. Clearfield Street	DATE 06-29-17	TIME 6:10 AM	DISTRICT N.B.	UNIT 7402
	OWNER (If Known) None	LAB USER FEE REQUESTED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DC NO. 2017-24-062621	
	ADDRESS	SEIZURE NO.			
	DEFENDANT'S NAME None	BULK OF PROPERTY STORED AT Chem. Lab.			

ITEMS OF PROPERTY AND CIRCUMSTANCES UNDER WHICH IT WAS RECEIVED INCLUDING THE EXACT LOCATION TAKEN FROM

1. Description of evidence: one lime green flip top container filled with a off-white chunky substance alleged crack crack cocaine.
2. Circumstances of investigation: above listed narcotics recovered from the highway at 700 E. Clearfield Street.
3. Narcotic control number: 2017-NBF-503
4. Narcotic field test: None.
5. Charges: NONE
6. Additional property receipts: none
7. Co-defendants: none.

If the person from whom the above amount of money and/or property was taken does not sign below, state reason why:

RECEIVED BY POLICE DEPARTMENT

Arresting or Receiving Officer: (If personal property for safe-keeping, Desk Supervisor is the Receiving Officer)

PERSON FROM WHOM TAKEN (Signature)
Highway

WITNESS (Signature)
SGT. FARMER

BADGE NO. (Type)
584

SIGNATURE

P/O HARPER 239941

BADGE NO. (Type)
6941 67901

TRANSFERRED TO EVIDENCE CUSTODIAN/COLLECTOR

I hereby acknowledge receipt of the above listed items.

(Date)

(Time)

(Evidence Custodian/Collection)

RELEASE FROM CUSTODY OF POLICE DEPARTMENT

This will acknowledge the receipt from the Police Department of the City of Philadelphia of the amount of money and/or property listed above, and will constitute the release of the City of Philadelphia and its agencies from any and all future responsibility therefor.

- ☐ Returned to Owner or Agent
- ☐ Confiscated by Court
- ☐ Destroyed by Order of Court

Petition No. _____

- ☐ Escheat to State

Escheat List No. _____

- ☐ To Department of Collections
- ☐ Other Disposition (Explain): _____

RECEIVED BY (Owner or Agent)

OWNER OR AGENT (Signature)

WITNESS (Signature)

BADGE NO.

DATE

RECEIVED BY (Other than Owner of Agent)

SIGNATURE AND TITLE

WITNESS

DATE